

Illinois Department on Aging Solutions Event  
Older Americans Act Reauthorization  
July 6, 2005 – Springfield

I'm Janet Ellis, Executive Director of the Northwestern Illinois Area Agency on Aging. Our agency serves the nine counties of northwest Illinois and our office is in Rockford.

The Older Americans Act has been extremely successful legislation for 40 years. It created a nation wide structure for aging services and clearly delineated the responsibilities of each component of the aging network – the Administration on Aging, the state Unit on Aging, the Area Agencies on Aging and local service providers. This network has provided a focal point for aging services that covers every square inch of the United States and its territories.

The Older Americans Act fosters the involvement of the people it serves in the implementation of its programs, policies, and services. Older people comprise more than 50% of area agency advisory council members. The Older Americans Act was and is way ahead of other human service systems in involving “consumers” in planning and providing needed services.

The Older Americans Act encourages partnerships between levels of government and a variety of funding streams. Federal, state, and local resources as well as service recipient contributions coordinate to enhance what any individual resource can do and establish an atmosphere of cooperation between governments, non-profits and individuals themselves.

While the Older Americans Act has clearly demonstrated its effectiveness in creating and maintaining an established trusted, community infrastructure of services responsive to the needs of older persons and their families, it has not received the respect and financial support it deserves. Authorization and appropriation levels must be increased. According to the 1970 census my nine county area had 77,965 persons over the age of 60. In 2000 there were 111,373 persons over 60 – a 43% increase in our 60+ population since 1970. However from 1980 to 2000 Old American Act IIIB funds have only increased 1.2% for our area. Obviously Older American Act resources haven't kept up with the population increases or the increases in the cost of doing business during the past 25 years. In addition, we have experienced an 83% increase in the 85+ population since 1980. I strongly support the National Association of Area Agencies on Aging recommendation of a 25% increase in Older American Act funding. While the 60+ population increased 43% since 1970, the total population of the nine counties only increased 12% from 1970 to 2000. With the first of the 77 billion baby boomers reaching age 60 in 2006, it is very important that the aging network be given an opportunity to facilitate community preparedness to meet the needs of this rapidly growing aging population. We recommend the reauthorization of the Older Americans Act include a new Title VIII as proposed by the National Association of Area Agencies on Aging to

provide support to state units on aging and area agencies on aging to assist counties, cities, and communities in addressing the aging of their population.

We don't need a new service delivery structure for aging services. We need financial and policy support for what has worked and can be expanded.

Title IIIE – The National Family Caregiver Support Program is an excellent example of effective and efficient expansion of the Older Americans Act as a result of the 2000 reauthorization. This program has enabled area agencies to support those providing 80% of the care to older persons and it has been a very beneficial learning experience. Title IIIE allowed flexibility to respond to caregivers and we've learned of their diverse needs and priorities. We need to listen to them and retain the focus on them rather than create "cookie cutter" programs and try to fit them in. This new population and the new senior population differ greatly from those of 20 or 10 or even 5 years ago. They are much more demanding and pursue information and services differently.

Older Americans Act reauthorization must recognize the changes that have occurred. When nutrition services began in the 1970's the Older Americans Act limited home delivered meals to 10% of an areas allocation. In our nine counties, 72% of the meals in FY04 were home-delivered. I recommend that Title C<sub>1</sub>, and C<sub>2</sub> be combined into one meal Title and area agencies on aging and meal providers work together to maximize opportunities and other resources to reach target populations. Similar consideration needs to be given to dropping "priority services" limitations.

Funds available under Title VII of the Older Americans Act are very small compared to the enormity of the abuse, neglect and exploitation perpetrated against older adults. Title VII funds in Illinois are earmarked for Multi-disciplinary team funding, 24-hour response, training and education. While a great need exists for elder abuse prevention activities, the mandate of this Title must be reviewed in relationship to S.333, the Elder Justice Act. The Elder Justice Act proposes to establish an Office of Elder Justice, a Steering Committee, a coordinating council, resource center and an advisory board. Elder abuse prevention grants would also be available. We recommend Title VII of the OAA be reviewed in light of pending federal legislation.

For over 30+ years area agencies on aging have developed the infrastructure that provides objective, reliable information and access to both public and private services, benefits, and programs for older people, caregivers, and organizations. This structure at the federal, state, and area level needs to be recognized and strengthened through the creation of a new title supporting the aging network as the "single point of entry" and permanently establishing resources to insure knowledgeable staff, internet access, and a person centered focus. As a pilot Aging and Disability Resource Center we are energized by the opportunity to focus on creatively streamlining a person's access to services and benefits. Older Americans Act reauthorization should establish the aging network as this focal point for home and community based services.